

Application Data Sheet

Application Information

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| Filing Date:: | 10/10/2003 |
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Group Art Unit:: | None |
| CD-ROM or CD-R?:: | None |
| Title:: | MULTI-ZONE BIPOLAR ABLATION PROBE ASSEMBLY |
| Attorney Docket Number:: | 2024728-7034822001 (03-255) |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figures:: | 21 |
| Total Drawing Sheets:: | 17 |
| Small Entity:: | No |
| Petition included?:: | No |
| Secrecy Order in Parent Appl.?:: | No |

Applicant Information

| | |
|--------------------------------------|---------------|
| Applicant Authority type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | Kimbolt |

Family Name:: Young
City of Residence:: Newtonville
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 330 Newtonville Avenue
City of mailing address:: Newtonville
Country of mailing address:: US
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02460
Applicant Authority type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Steve
Family Name:: Anderson
City of Residence:: Worcester
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 20 Warner Place, Unit 2A
City of mailing address:: Worcester
Country of mailing address:: US
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 01604

Correspondence Information

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State or Province of mailing address:: CA
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Representative Information

Representative Customer Number:: 23639

| Representative Designation:: | Registration Number:: | Name:: |
|---|------------------------------|----------------|
| Primary | 37,104 | David T. Burse |

Assignee Information

Name:: Scimed Life Systems, Inc.
Mailing address:: One Scimed Place, Maple Grove, MN 55311